

SERFF Tracking Number:	AMMH-125351248	State:	Arkansas
Filing Company:	American Family Home Insurance Company	State Tracking Number:	#77034529 \$100
Company Tracking Number:	20071029-03		
TOI:	04.0 Homeowners	Sub-TOI:	04.0004 Tenant Homeowners
Product Name:	070 AR AGR Rate		
Project Name/Number:	070 AR AGR/20071029-02		

## Filing at a Glance

Company: American Family Home Insurance Company

Product Name: 070 AR AGR Rate

SERFF Tr Num: AMMH-125351248 State: Arkansas

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: #77034529 \$100

Sub-TOI: 04.0004 Tenant Homeowners

Co Tr Num: 20071029-03

State Status: Fees verified and received

Filing Type: Rate

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Author: Krista Mahaffey

Disposition Date: 11/27/2007

Date Submitted: 11/12/2007

Disposition Status: Filed

Effective Date Requested (New): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (Renewal):

01/01/2008

## General Information

Project Name: 070 AR AGR

Status of Filing in Domicile:

Project Number: 20071029-02

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/27/2007

State Status Changed: 11/16/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

On behalf of American Family Home Insurance Company I would like to introduce our Affinity Group Renter's HO-4 program.

## Company and Contact

### Filing Contact Information

Krista Mahaffey, Filing Analyst

kmahaffey@amig.com

7000 Midland Blvd

(800) 759-9008 [Phone]

SERFF Tracking Number: AMMH-125351248 State: Arkansas  
Filing Company: American Family Home Insurance Company State Tracking Number: #77034529 \$100  
Company Tracking Number: 20071029-03  
TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners  
Product Name: 070 AR AGR Rate  
Project Name/Number: 070 AR AGR/20071029-02

Amelia, OH 45102 (513) 947-4695[FAX]

**Filing Company Information**

American Family Home Insurance Company	CoCode: 23450	State of Domicile: Florida
7000 Midland Blvd.	Group Code: 127	Company Type:
Amelia, OH 45102	Group Name:	State ID Number:
(800) 759-9008 ext. [Phone]	FEIN Number: 31-0711074	
	-----	

SERFF Tracking Number: AMMH-125351248 State: Arkansas  
Filing Company: American Family Home Insurance Company State Tracking Number: #77034529 \$100  
Company Tracking Number: 20071029-03  
TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners  
Product Name: 070 AR AGR Rate  
Project Name/Number: 070 AR AGR/20071029-02

## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation: Rate/Rule = \$100  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Family Home Insurance Company	\$0.00	11/12/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
77034529	\$100.00	11/01/2007

SERFF Tracking Number:	AMMH-125351248	State:	Arkansas
Filing Company:	American Family Home Insurance Company	State Tracking Number:	#77034529 \$100
Company Tracking Number:	20071029-03		
TOI:	04.0 Homeowners	Sub-TOI:	04.0004 Tenant Homeowners
Product Name:	070 AR AGR Rate		
Project Name/Number:	070 AR AGR/20071029-02		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	11/27/2007	11/27/2007

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	11/14/2007	11/14/2007	Krista Mahaffey	11/27/2007	11/27/2007

<i>SERFF Tracking Number:</i>	<i>AMMH-125351248</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Family Home Insurance Company</i>	<i>State Tracking Number:</i>	<i>#77034529 \$100</i>
<i>Company Tracking Number:</i>	<i>20071029-03</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0004 Tenant Homeowners</i>
<i>Product Name:</i>	<i>070 AR AGR Rate</i>		
<i>Project Name/Number:</i>	<i>070 AR AGR/20071029-02</i>		

## Disposition

Disposition Date: 11/27/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMH-125351248 State: Arkansas

Filing Company: American Family Home Insurance Company State Tracking Number: #77034529 \$100

Company Tracking Number: 20071029-03

TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners

Product Name: 070 AR AGR Rate

Project Name/Number: 070 AR AGR/20071029-02

Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines		No
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	No
Rate	Rate/Rule Filing		Yes
Rate	Rate/Rule Filing	Filed	Yes

SERFF Tracking Number: AMMH-125351248 State: Arkansas  
Filing Company: American Family Home Insurance Company State Tracking Number: #77034529 \$100  
Company Tracking Number: 20071029-03  
TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners  
Product Name: 070 AR AGR Rate  
Project Name/Number: 070 AR AGR/20071029-02

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 11/14/2007  
Submitted Date 11/14/2007

Respond By Date

Dear Krista Mahaffey,

This will acknowledge receipt of the captioned filing.

Objection 1

- Rate/Rule Filing (Rate)

Comment: A mandatory wind/hail deductible amount greater than the all other peril deductible is not permitted in Arkansas. Higher wind/hail deductibles may be offered on an optional basis only, meaning the insured's choice, not forced by the company. Please amend your rule accordingly.

Please feel free to contact me if you have questions.

In accordance with Regulation 23, Section 7.A., this filing may not be implemented until 20 days after the requested amendment(s) and/or information is received.

Sincerely,

Becky Harrington

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 11/27/2007  
Submitted Date 11/27/2007

Dear Becky Harrington,

**Comments:**

### Response 1

Comments: Please see the attached filing which was revised to accommodate AR filing laws.

### Related Objection 1

Applies To:

SERFF Tracking Number: AMMH-125351248 State: Arkansas  
Filing Company: American Family Home Insurance Company State Tracking Number: #77034529 \$100  
Company Tracking Number: 20071029-03  
TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners  
Product Name: 070 AR AGR Rate  
Project Name/Number: 070 AR AGR/20071029-02

- Rate/Rule Filing (Rate)

Comment:

A mandatory wind/hail deductible amount greater than the all other peril deductible is not permitted in Arkansas. Higher wind/hail deductibles may be offered on an optional basis only, meaning the insured's choice, not forced by the company. Please amend your rule accordingly.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
Rate/Rule Filing		New	

Sincerely,  
Krista Mahaffey



<i>SERFF Tracking Number:</i>	<i>AMMH-125351248</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Family Home Insurance Company</i>	<i>State Tracking Number:</i>	<i>#77034529 \$100</i>
<i>Company Tracking Number:</i>	<i>20071029-03</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0004 Tenant Homeowners</i>
<i>Product Name:</i>	<i>070 AR AGR Rate</i>		
<i>Project Name/Number:</i>	<i>070 AR AGR/20071029-02</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	AMMH-125351248	State:	Arkansas
Filing Company:	American Family Home Insurance Company	State Tracking Number:	#77034529 \$100
Company Tracking Number:	20071029-03		
TOI:	04.0 Homeowners	Sub-TOI:	04.0004 Tenant Homeowners
Product Name:	070 AR AGR Rate		
Project Name/Number:	070 AR AGR/20071029-02		

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
	Rate/Rule Filing	G1,E1,R1,F1	New	070AR - AGR Filing.pdf
Filed	Rate/Rule Filing		New	070ARAGR - revised.pdf

**AMERICAN FAMILY HOME  
AFFINITY GROUP RENTERS PROGRAM  
ARKANSAS**

**GENERAL RULES**

1. **POLICY AND FORMS**

Coverage and limits under the Renters Program will be defined by:

- A. the policy forms, H4000 – Contents Broad Form
- B. the Declarations Page; and
- C. the required endorsements, if any.

2. **PREMIUM DETERMINATION AND POLICY TERM**

All premiums and rates contained in the Rate Section of this manual are annual. A Homeowner or Dwelling policy must be written for a specified term not to exceed one year

3. **CHANGES AND WAIVER OF PREMIUM**

- A. All changes requiring adjustments of premium shall be computed pro rata using the rates in effect as of the policy or renewal effective date.
- B. When a policy is endorsed subsequent to the inception date, any additional or return premium of \$5.00 or less may be waived, except that a return premium of \$5.00 or less shall be returned to the insured upon request.

4. **CANCELLATION OF POLICIES**

If insurance is cancelled or reduced at the request of the Company or the insured, the earned premium shall be computed on a pro-rata basis.

5. **WHOLE DOLLAR PREMIUM**

The premium shall be rounded to the nearest whole dollar, separately for each coverage provided by the policy. A premium involving \$.50 or more shall be rounded up to the next higher whole dollar. In the event of cancellation by the Company, the return premium shall be carried to the next higher whole dollar. This procedure shall apply to all interim premium adjustments, including endorsements and cancellations.

6. **DEDUCTIBLES**

Coverages may be subject to the application of deductibles as shown in the Rate Section.

7. **PROGRAM DESCRIPTION**

Tenant Homeowners insurance.

NEW PAGE	X	PAGE NUMBER	EFFECTIVE DATE	PUBLICATION DATE
REVISION		G-1	01/01/2008	11/08/07

**AMERICAN FAMILY HOME  
AFFINITY GROUP RENTERS PROGRAM  
ARKANSAS**

**ELIGIBILITY AND COVERAGES**

**I. COVERAGE:**

- A. Provides tenant homeowners coverage using the standard ISO Homeowners 4 Contents – Broad Form. Personal property is insured worldwide against damage by broad named perils up to the single limit, subject to sub-limits for certain types of property such as jewelry, furs, business property and money. Losses are adjusted on an Actual Cash Value basis.
- B. Additional living expenses are insured should the apartment become untenable due to damage by a named peril. The limit of liability is a single blanket amount included in “A” above.
- C. Personal Liability is insured for a separate limit.

**II. ELIGIBILITY**

This program is a guaranteed issue program that will be marketed via affinity groups. The only eligibility criteria is that the applicant be a member of an acknowledged and contracted affinity group.

NEW PAGE	X	PAGE NUMBER	EFFECTIVE DATE	PUBLICATION DATE
REVISION		E-1	01/01/2008	11/08/07

**AMERICAN FAMILY HOME  
AFFINITY GROUP RENTERS PROGRAM  
ARKANSAS**

**RATE SECTION**

**TERRITORY DEFINITION**

Unless otherwise indicated, the rates and/or premiums apply to the entire state.

**RENTERS PACKAGE PROGRAM:**

**LIMITS OF LIABILITY:**

Base limits of liability are:	\$ 10,000	Property Section
	\$ 25,000	Liability Section
	\$ 1,000	Medical Payments, per person
	\$ 25,000	Medical Payments, per accident

**PREMIUM COMPUTATION:**

- A. Annual Premium: \$152
- B. Optional Limits of Liability – Property Section

<u>Property Section Limit</u>	<u>Annual Policy Premium</u>
\$10,000	\$152
\$15,000	\$191
\$20,000	\$230
\$25,000	\$269
\$30,000	\$308
\$35,000	\$347
\$40,000	\$386
Each additional \$5,000 in coverage (limits only available in \$5,000 increments)	\$39

- C. Increased Limits of Liability – Liability Section

<u>Liability Section Limit</u>	<u>Annual Policy Premium</u>
\$25,000	No Charge
\$50,000	\$9 Additional premium
\$100,000	\$17 Additional Premium
\$300,000	\$35 Additional premium

- D. Deductible rating Plan

All other Perils:	<u>Property Section Deductible</u>	<u>Credit</u>
	\$250	0%
	\$500	5%
	\$1,000	7%

Wind and Hail Deductible: \$1,000

- E. Personal Property Replacement cost - \$2.00 per \$1,000 of coverage.  
Attach endorsement SCR32 (06/07)

**OTHER COVERAGES**

**1. Minimum Earned Premium**

Applies to the total policy premium.

Minimum earned premium: \$50 per policy

<b>NEW PAGE</b>	<b>X</b>	<b>PAGE NUMBER</b>	<b>EFFECTIVE DATE</b>	<b>PUBLICATION DATE</b>
<b>REVISION</b>		<b>R-1</b>	<b>01/01/2008</b>	<b>11/08/07</b>

**AMERICAN FAMILY HOME  
AFFINITY GROUP RENTERS PROGRAM  
ARKANSAS**

**FORMS**

<b><u>Form Number</u></b>	<b><u>Description</u></b>
H4000 (08/07)	Homeowners - 4 Contents Broad Form
H4A03 (08/07)	Special Provisions – Arkansas
H4H00 (08/07)	<u>NO</u> SECTION II – LIABILITY COVERAGES FOR HOME DAY CARE BUSINESS <u>LIMITED</u> SECTION I – PROPERTY COVERAGES FOR HOME DAY CARE BUSINESS
H4B00 (08/07)	Forcible Entry Theft Endorsement
SCR32 (06/07)	Personal Property Replacement Cost

<b>NEW PAGE</b>	<b>X</b>	<b>PAGE NUMBER</b>	<b>EFFECTIVE DATE</b>	<b>PUBLICATION DATE</b>
<b>REVISION</b>		<b>F-1</b>	<b>01/01/2008</b>	<b>11/08/07</b>

**AMERICAN FAMILY HOME  
AFFINITY GROUP RENTERS PROGRAM  
ARKANSAS**

**GENERAL RULES**

1. **POLICY AND FORMS**

Coverage and limits under the Renters Program will be defined by:

- A. the policy forms, H4000 – Contents Broad Form
- B. the Declarations Page; and
- C. the required endorsements, if any.

2. **PREMIUM DETERMINATION AND POLICY TERM**

All premiums and rates contained in the Rate Section of this manual are annual. A Homeowner or Dwelling policy must be written for a specified term not to exceed one year

3. **CHANGES AND WAIVER OF PREMIUM**

- A. All changes requiring adjustments of premium shall be computed pro rata using the rates in effect as of the policy or renewal effective date.
- B. When a policy is endorsed subsequent to the inception date, any additional or return premium of \$5.00 or less may be waived, except that a return premium of \$5.00 or less shall be returned to the insured upon request.

4. **CANCELLATION OF POLICIES**

If insurance is cancelled or reduced at the request of the Company or the insured, the earned premium shall be computed on a pro-rata basis.

5. **WHOLE DOLLAR PREMIUM**

The premium shall be rounded to the nearest whole dollar, separately for each coverage provided by the policy. A premium involving \$.50 or more shall be rounded up to the next higher whole dollar. In the event of cancellation by the Company, the return premium shall be carried to the next higher whole dollar. This procedure shall apply to all interim premium adjustments, including endorsements and cancellations.

6. **DEDUCTIBLES**

Coverages may be subject to the application of deductibles as shown in the Rate Section.

7. **PROGRAM DESCRIPTION**

Tenant Homeowners insurance.

NEW PAGE		PAGE NUMBER	EFFECTIVE DATE	PUBLICATION DATE
REVISION	X	G-1	01/01/2008	11/27/07

**AMERICAN FAMILY HOME  
AFFINITY GROUP RENTERS PROGRAM  
ARKANSAS**

**ELIGIBILITY AND COVERAGES**

**I. COVERAGE:**

- A. Provides tenant homeowners coverage using the standard ISO Homeowners 4 Contents – Broad Form. Personal property is insured worldwide against damage by broad named perils up to the single limit, subject to sub-limits for certain types of property such as jewelry, furs, business property and money. Losses are adjusted on an Actual Cash Value basis.
- B. Additional living expenses are insured should the apartment become untenable due to damage by a named peril. The limit of liability is a single blanket amount included in “A” above.
- C. Personal Liability is insured for a separate limit.

**II. ELIGIBILITY**

This program is a guaranteed issue program that will be marketed via affinity groups. The only eligibility criteria is that the applicant be a member of an acknowledged and contracted affinity group.

NEW PAGE		PAGE NUMBER	EFFECTIVE DATE	PUBLICATION DATE
REVISION	X	E-1	01/01/2008	11/27/07



**AMERICAN FAMILY HOME  
AFFINITY GROUP RENTERS PROGRAM  
ARKANSAS**

**RATE SECTION**

**TERRITORY DEFINITION**

Unless otherwise indicated, the rates and/or premiums apply to the entire state.

**RENTERS PACKAGE PROGRAM:**

**LIMITS OF LIABILITY:**

Base limits of liability are:	\$ 10,000	Property Section
	\$ 25,000	Liability Section
	\$ 1,000	Medical Payments, per person
	\$ 25,000	Medical Payments, per accident

**PREMIUM COMPUTATION:**

- A. Annual Premium: \$152
- B. Optional Limits of Liability – Property Section

<u>Property Section Limit</u>	<u>Annual Policy Premium</u>
\$10,000	\$152
\$15,000	\$191
\$20,000	\$230
\$25,000	\$269
\$30,000	\$308
\$35,000	\$347
\$40,000	\$386
Each additional \$5,000 in coverage (limits only available in \$5,000 increments)	\$39

- C. Increased Limits of Liability – Liability Section

<u>Liability Section Limit</u>	<u>Annual Policy Premium</u>
\$25,000	No Charge
\$50,000	\$9 Additional premium
\$100,000	\$17 Additional Premium
\$300,000	\$35 Additional premium

- D. Deductible rating Plan

All Perils:	<u>Property Section Deductible</u>	<u>Credit</u>
	\$250	0%
	\$500	5%
	\$1,000	7%

- E. Personal Property Replacement cost - \$2.00 per \$1,000 of coverage.  
Attach endorsement SCR32 (06/07)

NEW PAGE		PAGE NUMBER	EFFECTIVE DATE	PUBLICATION DATE
REVISION	X	R-1	01/01/2008	11/27/07

**AMERICAN FAMILY HOME  
AFFINITY GROUP RENTERS PROGRAM  
ARKANSAS**

**OTHER COVERAGES**

**1. Minimum Earned Premium**

Applies to the total policy premium.

Minimum earned premium: \$50 per policy

**FORMS**

<b><u>Form Number</u></b>	<b><u>Description</u></b>
H4000 (08/07)	Homeowners - 4 Contents Broad Form
H4A03 (08/07)	Special Provisions – Arkansas
H4H00 (08/07)	<u>NO</u> SECTION II – LIABILITY COVERAGES FOR HOME DAY CARE BUSINESS <u>LIMITED</u> SECTION I – PROPERTY COVERAGES FOR HOME DAY CARE BUSINESS
H4B00 (08/07)	Forcible Entry Theft Endorsement
SCR32 (06/07)	Personal Property Replacement Cost

NEW PAGE		PAGE NUMBER	EFFECTIVE DATE	PUBLICATION DATE
REVISION	X	F-1	01/01/2008	11/27/07

SERFF Tracking Number: AMMH-125351248 State: Arkansas  
Filing Company: American Family Home Insurance Company State Tracking Number: #77034529 \$100  
Company Tracking Number: 20071029-03  
TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners  
Product Name: 070 AR AGR Rate  
Project Name/Number: 070 AR AGR/20071029-02

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Filed 11/27/2007

**Comments:**

**Attachment:**  
Transmittal.pdf

**Satisfied -Name:** HPCS-Homeowners Premium  
Comparison Survey **Review Status:** 11/07/2007

**Comments:**

**Attachment:**  
AR HO Survey FORM HPCS.pdf

## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>					<b>Group NAIC #</b>
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	

<b>5. Company Tracking Number</b>	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>				

Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>				
<b>10. Sub-Type of Insurance (Sub-TOI)</b>				
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>				
<b>12. Company Program Title (Marketing title)</b>				
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New:		Renewal:	
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>				
<b>17. Reference Organization # &amp; Title</b>				
<b>18. Company's Date of Filing</b>				
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
-----------	--	--

<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
-----------	---	--

☐ Rate Increase      ☐ Rate Decrease      ☐ Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
-----------	--	--

<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
------------	---

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
------------	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5.</b>	<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>
-----------	--

		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
-----------	---	--

<b>7.</b>	<b>Effective Date of last rate revision</b>	
-----------	---	--

<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
-----------	---	--

<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01		[ ] New [ ] Replacement [ ] Withdrawn	
02		[ ] New [ ] Replacement [ ] Withdrawn	
03		[ ] New [ ] Replacement [ ] Withdrawn	

NAIC Number:											<b>Homeowners Premium Comparison Survey Form</b> <b>FORM HPCS - last modified August, 2005</b>				Submit to: <i>Arkansas Insurance Department</i> 1200 West Third Street Little Rock, AR 72201-1904 Telephone: 501-371-2800 Email as an attachment to <a href="mailto:insurance.pnc@arkansas.gov">insurance.pnc@arkansas.gov</a> You may also attach to a SERFF filing or submit on a cdr disk			
Company Name:											<b>USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE BLANK</b>							
Contact Person:																		
Telephone No.:																		
Email Address:																		
Effective Date:																		

  

Survey Form for HO3 (Homeowners) - Use \$500 Flat Deductible (Covers risk of direct physical loss for dwelling and other structures; named perils for personal property, replacement cost on dwelling, actual cash value on personal property)																			
Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000																		
	\$120,000																		
	\$160,000																		
6	\$80,000																		
	\$120,000																		
	\$160,000																		
9	\$80,000																		
	\$120,000																		
	\$160,000																		

  

Survey Form for HO4 (Renters) - Use \$500 Flat Deductible (Named perils for personal property, actual cash value for loss, liability and medical payments for others included)																			
Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$5,000	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	\$15,000	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00
	\$25,000	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00
6	\$5,000	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	\$15,000	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00
	\$25,000	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00
9	\$5,000	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	\$15,000	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00	\$181.00
	\$25,000	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00

  

Survey Form for DP-2 (Dwelling/Fire) - Use \$500 Flat Deductible (Named perils for dwelling and personal property; replacement cost for dwelling, actual cash value for personal property, no liability coverage)																			
Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000																		
	\$120,000																		
	\$160,000																		
6	\$80,000																		
	\$120,000																		
	\$160,000																		
9	\$80,000																		
	\$120,000																		
	\$160,000																		

  

SPECIFY THE PERCENTAGE GIVEN FOR CREDITS OR DISCOUNTS FOR THE FOLLOWING:										EARTHQUAKE INSURANCE											
<b>HO3 and HO4 only</b>										<b>IMPORTANT, homeowners insurance does NOT automatically cover losses from earthquakes. Ask your agent about this co</b>											
Fire Extinguisher		0 %		Deadbolt Lock		0 %		ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?										no (yes or no)			
Burglar Alarm		0 %		Window Locks		0 %		WHAT IS YOUR PERCENTAGE DEDUCTIBLE?										%			
Smoke Alarm		0 %		\$1,000 Deductible		0 %															
										Other (specify)											
										Zone										Brick	
																				Frame	



			%	WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?	Highest Risk	\$		\$		
	Maximum Credit Allowed		%		Lowest Risk	\$		\$		

I